

MTRS Group Rate Premium Change Form

School district		Completed by	у	Pho	one	
	SUBMIT	your completed form via e-mail ON	LY (no faxes), to: insurance	updates@trb.state.	ma.us.	
Insurance Carrier Individual,		Plan Type Individual, Individual x 2, Family, Senior(s), S	Carrier Code	NEW Premium	OLD Premium	Coverage Effective Date mm/dd/yyyy
		*				

Notes

- Reminder: Insurance premiums are paid a month in advance (e.g., retirees' premiums for July should be withheld from their benefit checks for June).
- This form is in interactive pdf format, accessible using Adobe Acrobat Reader, and you can save your work.
- Questions? Contact us at insuranceupdates@trb.state.ma.us.